

Form CPF M T 101: CHANGE OF TREASURER, MA ACCEPTANCE OF OFFICE BY TREASURER, MA MUNICIPAL FORM

Office of Campaign and Political Finallie JAN 22 A 8: 27

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Cor	nmission
1. Committee Name:	Committee to Elect Christine Bab
2. New Treasurer:	Lee E. Palmer
2a. Treasurer's Address:	17 Pitman St. Somerville, MA 02143
3. Committee Address:	87 Thurston St#1 Soverille, MA Od
(If different)	
	I hereby accept the office of treasurer of the above named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election. I am aware that an appointed public employee may not serve as treasurer of a political committee and that a candidate or elected official may not serve as the treasurer of a political action committee except as authorized by M.G.L. c. 35, s. 5A. SIGNED UNDER THE PENALTIES OF PERJURY:
	Lee & L 1/6/13
FOR CANDIDATE COMM	Treasurer's signature Date
	Thereby consent to the appointment of the new treasurer of this committee. SIGNED UNDER THE PENALTIES OF PERIURY:

SELECTED EXTRACTS FROM M.G.L. & 55

Candidate's signature

Section 3 wegatres the director to "assess a givil penalty for any flate filed] report ... of ten dollars per day....[up to \$2,500]. In the case of failure to file by a candidate of a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the great the treasurer of a political committee,...

Section 5 outlines statements of organization of political committees:Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk; within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incurrexpenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the

No expenditure shall be made for, or on behalf of , a political committee without the authorization of the chairman or treasurer, or their designated agents...

MT101 11/94



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

ELECTION DEPT. SUPERVILLE, MA

of Massachusetts
File with: City or Town Clerk or Election Commission Please print or type all information, except signature [1] JAN 22 A 8: 27
Fill in dates: Reporting Period Beginning January Date October 3 2012
Type of report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election Avear-end report dissolution Christine P Barber Countities Field Christine E Eull Name of Candidate (if applicable) Committee Name
Affre of Cambridge (II applicable) 8 7 Office Sought and District Residential Address Sovery, It MA 02145 Tel. No. (optional) Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used SUMMARY BALANCE INFORMATION: \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (452.09) \$ (4
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c, 55 Signed under the penalties of perjury: Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. o. 55. Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Receive	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)				
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Line 9:	Total receipts in excess of \$50 (or listed above)		:					
	Total receipts \$50 and under* (not listed above) FOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2				

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)			Address		Purpose of Expenditure				Amount			
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					Line	12: Ex	penditure	s over \$	50				
Fnf	ter on page	1 line /			-		penditure.			•	11	, ,	

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom	Received*	Residential	Address	Description of Contribution	Value
			· · · · · · · · · · · · · · · · · · ·			
			÷	·		:
	-					
				Line 15:	In-kind over \$50	
				Line 16:	In-kind \$50 and under	
	Enter on page 1,	line 6		Line 17:	Total In-kind	00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

	Date To Whom Due		Address	Purpose	Amount		
	Incurred						
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I	<u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0,00		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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